

Health and Family Planning Overview

SUDAN



Population:	37.1 million (BUCEN 2002)
Infant Mortality Rate:	66 (UNICEF 2000)
DPT3 Coverage:	65%, children 12–23 mos. (WHO 2000)
Nutrition:	No data
Total Fertility Rate:	4.5 (UNPOP 2000)
Maternal Mortality Ratio:	1,452 (WHO/Hill 1995)
Contraceptive Prevalence Rate:	No data
Adult HIV Prevalence:	2.6% (UNAIDS 2001)
Current Living AIDS Orphans:	62,000 (UNAIDS 2001)
Demographic and Health Surveys:	None
Multi-Indicator Cluster Surveys:	1995

Country Profile

Sudan has been consumed by civil war, destruction, and loss of life for the past 18 years. An estimated 2 million Sudanese have died of war-related injuries, disease, or starvation. Drought, ongoing insecurity, and population displacement have destroyed most indigenous trading and production systems and continue to impede relief efforts. The conflict between the government and the Sudan People's Liberation Army and Movement (SPLA/M) widened in 1991 when fighting erupted between SPLA/M factions in areas of the south. Fighting persists on numerous fronts throughout the country. The fighting and aerial bombing by the government continue to displace civilians. Since 1999, oil drilling in the western Upper Nile region and the piping of crude oil to the Red Sea for export has increased the number of displaced people and sharpened food insecurity. In stable opposition-controlled areas (Western Equatoria and southern Bahr el Ghazal), displaced people are returning to their homes to form civil authority partnerships and develop regional priorities.

HIV/AIDS in Sudan. Sudan's adult HIV/AIDS prevalence rate remains low compared to most other sub-Saharan African countries. However, increasing transportation between Uganda and Sudan and higher HIV rates (3 percent) among patients with other sexually transmitted infections indicate the potential for the future spread of HIV. Of the urban population, 75 percent is knowledgeable of HIV/AIDS and prevention practices, but only 20 percent use condoms during risky sexual activity. At the end of 1999, approximately 140,000 Sudanese were HIV-positive.

USAID Strategy

USAID's program in Sudan is managed within USAID's Regional Economic Development Services Office for East and Southern Africa (REDSO). Increased self-reliance is the goal and joint strategy for all U.S. assistance to Sudan. A new three-year Integrated Strategic Plan began implementing programs in FY 2000. In addition to humanitarian assistance, political and democratic participation, and economic development, the plan places strong emphasis on building local capacity to expand primary health care coverage. Because of the unstable environment, activities are not widespread. Development activities are implemented only in opposition-held areas in the south, while humanitarian assistance is delivered countrywide in both government-controlled and opposition-held areas.

Strategic Objective: Enhanced primary health care through greater reliance on local capacities

Intermediate Results:

- Increased Sudanese participation as a foundation for sustainability
- Improved and expanded delivery of services



Major Program Areas

Health and Water Sectors. Relief programs continue to stress the transition to local involvement, local capacity building, and rehabilitation to foster food production, resettlement, and health and food security for displaced and vulnerable populations. Development assistance through the Sudan Transitional Assistance for Rehabilitation project is provided in stable opposition-held areas and works to improve governance as an approach to reduce aid dependency. Assistance increased in 2000 in an effort to support the transition from social services delivery by the international community to delivery and coordination by Sudanese nongovernmental organizations and local administrators. Since 1997, local capacity for building and maintaining water and sanitation infrastructure has improved. Sudanese community health workers have been trained. Training centers have been established in the south, along with a growing number of county-level health departments and policies.

Results

- The rehabilitation of health clinics and increased geographic coverage of primary health care services provided nearly 280,000 new clients with access to health services.
- Polio eradication efforts increased with “Days of Tranquility” cease-fires, during which the government and SPLM/A forces temporarily halted hostilities to facilitate increased humanitarian access in less stable areas.
- USAID partners worked with stakeholders in southern Sudan to increase Sudanese participation in service delivery. Approximately 364 female and 411 male health workers received training to work in health clinics.
- In two target counties of a pilot cost-sharing program, 32 out of 62 community health clinics collected direct income for their services. Most of the clinics spent the income on staff salaries to improve the quality of services provided.
- Title II programming provided 133,000 metric tons of food assistance to meet critical food needs of vulnerable populations in both northern and southern Sudan.

Major Implementing Partners

USAID/Sudan’s partners in implementing health activities include ACROSS, Action Contre la Faim, the Adventist Development & Relief Agency, the American Refugee Committee, CARE, Catholic Relief Services, GOAL, IAS/MEDIC, the International Committee of the Red Cross, and the International Rescue Committee.



This USAID Health and Family Planning Overview was prepared for the Bureau for Africa, Office of Sustainable Development, by the Population, Health and Nutrition Information Project (PHNIP). Questions and comments can be directed to PHNIP (info@phnip.com).

July 2002